Attorne Docket No.: TRAN-P009

b	earing Fi	irst Class Pos	s transmittal of the below des stage and addressed to the C	scribed docume Commissioner fo	nt is being de or Patents P.0	posited wi D. Box 145	th the United 0, Alexandri	States Pos a, VA 2231	stal Service in an envelope 3-1450, on the below date				
ס	f deposit. ate of eposit:	09/10/04	Name of Person Making the Deposit:	KATHERINE	RINALDI	Signature Making t	e of the Pers he Deposit:	on Nath	enne penala				
ir	n re Ap	oplication o	of:Robert Bediche	ek, Linus	Torvalo	ds and	David	Keppel	RECEIVED				
Α	Applica	tion No.:0	09/417,332	E	xaminer:	Ellis	, R.		SEP 1 6 2004				
F	iled:	1	10/13/99	A	art Unit: 2	183		T	echnology Center 210				
C	Confirm	nation No.	: 7303						Townsiegy Conton 210				
		ETHOD FO	OR INTEGRATION OF	ETATION	AND T	RANSLAT	'ION IN	A					
P	O. Bo	ssioner for	,										
A	Alexandria, VA 22313-1450 <u>AMENDMENT TRANSMITTAL</u>												
1	Transmitted herewith is an amendment for this application												
	Other:  2. Applicant is other than a small entity												
	Extension of Term												
3	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.												
(a	(a) [X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)												
			Extension [ X ] one mont [ ] two months [ ] three mont [ ] four months	s hs	\$4; \$9;	<u>e</u> 10.00 20.00 50.00 ,480.00							
15/2004 HA	HALI11 00000062 09417332												
C:1251	110.00 OP <u>Fee \$ 110.00</u>												
lf	If an additional extension of time is required, please consider this a petition therefor.												
(b	(b) [ ] Applicant believes that no extension of term is required. However, this condition being made to provide for the possibility that applicant has inadvertently overlowneed for a petition for extension of time.												

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## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)											
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total						
Total Claims	20 - 20 =		0	x \$18.00	\$0.00						
Independent Claims	3	- 4 =	0	x \$86.00	\$0.00						
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)											
Total Fees											

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

  A duplicate copy of this authorization is enclosed.
- [ X ] A check in the amount of \$110.00
- [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer Number: 45590

Respectfully submitted,

Date: 9////0

Glenn D. Barnes Reg. No. 42,293